75.00 0/01 LPR304/14/00:01:3630: SOSIL S016511 FILED OFFICIAL CONTROL Page 1 of

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2000-04-27 13:13:41

Cook County Recorder

Filing Fee \$75

SUBMIT IN DUPLICATE!

File #

5016511

Assigned by Secretary of State

Return to: Department of **Business Services** Limited Partnership Division Room 357, Howlett Building Springfield, IL 62756 Telcohone: (217) 785-8960 http://www.sos.state.il.us.

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a saifaddressed envelope with ore: paid postage is included.

JESSE WHITE SECRETARY OF STATE STATE OF ILLINOIS

CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership) (Please type or print clearly)

1.	Limited partnership's name: 104 are to be kept, is: (P.O. Box
2.	The address, including county, of the office at which the records required by Section 104 are to be kept is: (P.O. Box alone and c/o are unacceptable) 9122 S. Michigar Ave. Chicago, IL 60619-6619
	County of Cook.
3. 4.	Y the filing date or h) another date later than but him with that of the same
	to the filing date: to the filing date:
5.	and registered office address is:
<i>[[</i>	Registered agent: Percy Middle name Last name Michigan Ave.
	Registered Office) (P. O. Box alone and (P. O. Dox alone and Chicago Cook Illinois 7/P Code
	C/o are unacceptable) County County City County County The limited partnership's purpose(s) is: To transact any and all lawful businesses for the limited partnership's purpose(s) is: To transact any and all lawful businesses for the limited partnership's purpose(s) is: To transact any and all lawful businesses for the limited partnership's purpose(s) is: To transact any and all lawful businesses for the limited partnership's purpose(s) is: To transact any and all lawful businesses for the limited partnership's purpose(s) is: To transact any and all lawful businesses for the limited partnership's purpose(s) is: To transact any and all lawful businesses for the limited partnership's purpose(s) is: To transact any and all lawful businesses for the limited partnership's purpose(s) is: To transact any and all lawful businesses for the limited partnership's purpose(s) is: To transact any and all lawful businesses for the limited partnership's purpose(s) is: To transact any and all lawful businesses for the limited partnership's purpose(s) is: To transact any and all lawful businesses for the limited partnership is
6.	which limited partnerships may be organized under
	and construct both residential homes and commercial buildings in Illinois
	and other States. 233200 and 233300
7.	Dissolution date is: X Perpetual or (month, day, year)

Fortson Ward & Moss Developers, LP.

Form LP 201 (Rev. Jan. 1999)

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8.	The total aggregate dollar amount of cash, property and services contributed by all partners is \$12,000.00 (Percy and Irma each paid in \$6,000.00)
9.	A brief statement of the partners' membership termination and distribution rights:
	and his distribution rights are 50%
	of allassets, gains or losses. He will share in all decisions made
.:	- membership is perpetual, and her distribution rights are 50%
	of all assets, gains or losses She will share in all decisions made
	The other partners that might join in the future, their memberships will
r	be perpeture, and their distribution rights equal to that of the founders. These partners will share in all decisions made on an equal (50%) basis.
NA	ME(S) & BUSINESS AL DRESS(ES) OF GENERAL PARTNER(S)
Th	e undersigned affirms, under cenalties of perjury, that the facts stated herein are true.
All	general partners are required to sign the certificate of limited partnership.
	BUSINESS ADDRESS
4	Signature Signature Number/Street 9:22 S. Michigan Ave.
V	Percy Moss, Chicago, II, 60619-6619
Ту	pe or print name and title Partner City/town Chicago, IL 60619-0019
Na	me of General Partner if a corporation or State Illinois ZIP Code 60619-6619
oth	er entity State ZIF Gode
	Signature Ima Fortson Ward Number/Street 9108 S. Michigan Ave.
k r	Trma Fortson Ward. 4-10-2000
ту _г	e or print name and title Partner City/town
	<u> </u>
Na	me of General Partner if a corporation or State State ZIP Code 60619-6619
oth	er entity State State
3.	SignatureNumber/Street
Туг	e or print name and title City/town
Na	ne of General Partner if a corporation or
oth	er entity ZIP Code
	natures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signatures may only

FORMS OF PAYMENT:

be used on conformed copies.)

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."